

BDDS and DD Waiver Service Documentation Standards
Effective January 1, 2003

Service	Documentation Required	460 IAC 6 Requirements
Adult Day (Care) Services	<ul style="list-style-type: none"> • Services outlined in Individualized Support Plan • Evidence that Level of service provided is required by the individual • Attendance record documenting the date of service and the number of units of service delivered that day. • Documentation in compliance with 460 IAC 6. 	<ul style="list-style-type: none"> •
Adult Foster Care	<ul style="list-style-type: none"> • Services outlined in Individualized Support Plan <p>Providers:</p> <ul style="list-style-type: none"> • Written policies and procedures, including screening and accepting Foster Parents • Maintain financial and service records to document services provided to the individual • Document provision of training to Foster Parents according to agency policies/procedures. • Reimbursement of Foster Parent <p>Families:</p> <p>One entry per week detailing an issue concerning the client. Entry should detail any goal-oriented activities and tying those into measurable progress toward the individual's goal. Should also include any significant issues concerning the individual, including:</p> <ul style="list-style-type: none"> • Health and safety management • Developmental challenges and experiences aimed at increasing a person's ability to live a lifestyle that is compatible with the person's interest and abilities • Modification or improvement of functional skills • Guidance and direction for social/emotional support • Facilitation of both the physical and social integration of a person into typical family routines and rhythms. 	

Service	Documentation Required	460 IAC 6 Requirements
Behavior Management- Level 1	<ul style="list-style-type: none"> • Services outlined in Individual Support Plan • Behavioral support plan • Data record of Level 1 clinician service documenting the date of service and the number of units of service delivered that day and service type (diagnosis; behavior plan review; staff training; client intervention; consultation with Level 2 Clinician). • Documentation in compliance with 460 IAC 6. 	<p>A provider of behavioral support services shall maintain documentation regarding the development of a behavioral support plan that:</p> <ul style="list-style-type: none"> • The least intrusive methods was attempted and exhausted first; and • If a highly restrictive procedure is deemed to be necessary and included in a behavioral support plan, the actions required by the rule have been taken. <p>A provider of behavioral support services shall maintain documentation as required by the rule.</p>
Behavior Management- Level 2	<ul style="list-style-type: none"> • Services outlined in Individual Support Plan • Behavioral Support Plan signed by Level 1 clinician • Data record of Behavior Specialist service documenting the date of service and the number of units of service delivered that day and service type (behavior plan writing/editing; staff training; client intervention; consultation with HSPP) • Monthly report by QMRP or Behavior Specialist of behavioral progress. • Documentation in compliance with 460 IAC 6. 	<p>A provider of behavioral support services shall maintain documentation regarding the development of a behavioral support plan that:</p> <ul style="list-style-type: none"> • The least intrusive methods was attempted and exhausted first; and • If a highly restrictive procedure is deemed to be necessary and included in a behavioral support plan, the actions required by the rule have been taken. <p>A provider of behavioral support services shall maintain documentation as required by the rule.</p>

Service	Documentation Required	460 IAC 6 Requirements
Children's Foster Care (BDDS Service ONLY)	<ul style="list-style-type: none"> Services outlined in Individual Support Plan <p>Providers:</p> <ol style="list-style-type: none"> Written policies and procedures, including screening and accepting Foster Parents Maintain financial and service records to document services provided to the individual Document provision of training to Foster Parents according to agency policies/procedures. Reimbursement of Foster Parent <p>Families:</p> <p>One entry per week detailing an issue concerning the client. Entry should detail any goal-oriented activities and tying those into measurable progress toward the individual's goal. Should also include any significant issues concerning the individual, including:</p> <ol style="list-style-type: none"> Health and safety management Developmental challenges and experiences aimed at increasing a person's ability to live a lifestyle that is compatible with the person's interest and abilities Modification or improvement of functional skills Guidance and direction for social/emotional support Facilitation of both the physical and social integration of a person into typical family routines and rhythms. 	
Community-Based Sheltered Employment	<ul style="list-style-type: none"> Not-for-Profit status BDDS approved provider Services outlined in Individual Support Plan Attendance record documenting the date of service and the number of units of service delivered that day. Documentation in compliance with 460 IAC 6 	<ul style="list-style-type: none">

Service	Documentation Required	460 IAC 6 Requirements
Community Education and Therapeutic Activity (CETA)	<ul style="list-style-type: none"> • Services outlined in the Individual Support Plan. • Documentation in compliance with 460 IAC 6 • Receipt of payment for activity • Proof of participation in activity if payment is made directly to individual/family. • Documentation in compliance with 460 IAC 6. 	<ul style="list-style-type: none"> •
Community Habilitation and Participation (CHP)	<ul style="list-style-type: none"> • Services outlined in Individual Support Plan • BDDS approved provider. • Not-for-Profit status for BDDS state contract. • Data record of staff to client service documenting the complete date and time entry (including a.m. or p.m.) and the number of units of service delivered that day (attendance log). • Record of where service took place and number participating in service/activity • At least one entry each day service is provided, detailing an issue or circumstance concerning the client and at least the last name and first initial of the staff person making the entry. Entry done by staff person providing the direct service or person responsible for the individual's plan, detailing the service(s) provided • Documentation in compliance with 460 IAC 6 	<ul style="list-style-type: none"> •

Service	Documentation Required	460 IAC 6 Requirements
Crisis Intervention Services	<ul style="list-style-type: none"> • Documentation that services are individually tailored, based on the needs of the individual in crisis. • Data record of staff to client service documenting the date of service and the number of units of service delivered that day. • Each staff member provides at least one entry on each day service, describing an issue concerning the client. Includes time and date of entry and at least the last name and first initial of the staff person making the entry. Entry done by staff person providing the direct service. Also documenting any significant issues involving the client. • At least weekly documentation regarding client progress, including any treatment related interaction with psychiatrists, physicians and other providers. • Documentation in compliance with 460 IAC 6 	<ul style="list-style-type: none"> •
Driver Services	<ul style="list-style-type: none"> • Identified in Individual Support Plan • Vehicle maintenance and liability insurance records for agency owned/operated vehicles • For staff driving private vehicles, proof of insurance • Good driving record and valid Indiana driver's license for staff. • At least one entry per round trip, to include client name and destination or activity • Documentation in compliance with 460 IAC 6 	
Environmental Modifications-Assessments	<ul style="list-style-type: none"> • Identified need in Individual Support Plan • Identified direct medical benefit for the individual • Documentation of time spent providing assessment and report with recommendations from assessment. • Documentation in compliance with 460 IAC 6 	<ul style="list-style-type: none"> •

Service	Documentation Required	460 IAC 6 Requirements
Environmental Modifications	<ul style="list-style-type: none"> Identified need in Individual Support Plan Identified direct medical benefit for the individual At least 3 bids for the service, or documentation why 3 bids were not available Documentation of completed and approved work. Documentation in compliance with 460 IAC 6 	<p>A provider of environmental modification supports shall maintain the following documentation regarding support provided to an individual:</p> <ul style="list-style-type: none"> The installation date of any adaptive aid or device, assistive technology, or other equipment. The maintenance date of any adaptive aid or device, assistive technology, or other equipment. A change made to any adaptive aid or device, assistive technology, or other equipment, including any: <ul style="list-style-type: none"> Alteration; Correction; or Replacement.
Facility-Based Sheltered Employment	<ul style="list-style-type: none"> Not-for-Profit status BDDS approved provider Sheltered Workshop Certification Services outlined in Individual Support Plan Documentation in compliance with 460 IAC 6 Attendance record documenting the complete date and time entry (including a.m. or p.m.) and the number of units of service delivered that day. Documentation in compliance with 460 IAC 6 	<ul style="list-style-type: none">
Family and Caregiver Training	<ul style="list-style-type: none"> Services outlined in the Individual Support Plan Receipt of payment for activity Proof of participation in activity if payment is made directly to individual/family. Documentation in compliance with 460 IAC 6 	<ul style="list-style-type: none">

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Health Care Coordination	<ul style="list-style-type: none"> • Current RN or LPN license for each nurse • Need for HCC identified in Individual Support Plan • Documentation must include <ul style="list-style-type: none"> • Evidence of a consultation with including complete date and signature. Consultation may be with other staff, client, other professionals, as well as health care professionals. • Evidence of a face-to-face visit with the member, including complete date and signature • Documentation in compliance with 460 IAC 6 	<ul style="list-style-type: none"> •
Independence Assistance Services	<ul style="list-style-type: none"> • Services outlined in Individual Support Plan • BDDS approved provider • Data record of staff to client service documenting the complete date and time entry (including a.m. or p.m.) and the number of units of service delivered that day. • Each staff member who spends more than 30 consecutive minutes that day with the individual or providing indirect services on behalf of the individual makes at least one entry for each unique encounter (if a staff member provides 8 hours of services, one entry needs to be made. If a staff member provides one hour of service in the morning and one hour in the evening, a unique entry would need to be made for each of those visits), describing an issue or circumstance concerning the client. Includes complete time and date of entry and at least the last name, first initial of the staff person making the entry. If the person providing the service is required to be a professional, the title of the individual must also be included. For example, if a nurse is required, the nurse's title should be documented. Any significant issues involving the client requiring intervention by a Health Care Professional, TCM or BDDS staff member that involved the client are also to be documented. • Documentation in compliance with 460 IAC 6 	<ul style="list-style-type: none"> •

Service	Documentation Required	460 IAC 6 Requirements
Music Therapy	<ul style="list-style-type: none"> • Documentation of appropriate assessment by a qualified therapist. • Services outlined in Individual Support Plan • Documentation in compliance with 460 IAC 6 • Appropriate credentials for service provider • Attendance record, therapist logs and/or chart detailing service provided. • Documentation in compliance with 460 IAC 6. 	<ul style="list-style-type: none"> •
Nutritional Counseling	<ul style="list-style-type: none"> • Documentation by appropriate assessment by a qualified provider • Services outlined in Individual Support Plan • Not-for-Profit status • Appropriate credentials for service provider • Attendance record, therapist logs and/or chart detailing service provided. • Documentation in compliance with 460 IAC 6 	<ul style="list-style-type: none"> •
Occupational Therapy	<ul style="list-style-type: none"> • Documentation by appropriate assessment by a qualified therapist • Services outlined in Individual Support Plan • Not-for-Profit status to contract with BDDS • Appropriate credentials for service provider • Attendance record, therapist logs and/or chart detailing service provided. • Documentation in compliance with 460 IAC 6 	<ul style="list-style-type: none"> •
Personal Emergency Response System (PERS)	<ul style="list-style-type: none"> • Identified in Individual Support Plan • Documentation of expense for installation • Documentation of monthly rental fee • Documentation in compliance with 460 IAC 6 	<p>A provider of personal emergency response system supports shall maintain the following documentation regarding support provided to an individual:</p> <ul style="list-style-type: none"> • The installation date of any device. • The maintenance date of any device. <p>Any change made to any device, including an alteration, correction, or replacement.</p>

Service	Documentation Required	460 IAC 6 Requirements
Physical Therapy	<ul style="list-style-type: none"> • Documentation by appropriate assessment • Services outlined in Individual Support Plan • Not-for-Profit status for contract with BDDS • Appropriate credentials for service provider • Attendance record, therapist logs and/or chart detailing service provided. • Documentation in compliance with 460 IAC 6 	•
Pre-Vocational Services	<ul style="list-style-type: none"> • Not-for-Profit status • BDDS approved provider • Services outlined in Individual Support Plan • Attendance record documenting the complete date and time entry (including a.m. or p.m.) and the number of units of service delivered that day. • Documentation that wages for activity are at or below 50% of Federal Minimum Wage • Documentation in compliance with 460 IAC 6 	•
Psychological Therapy	<ul style="list-style-type: none"> • Documentation by appropriate assessment • Services outlined in Individual Support Plan • Appropriate credentials for service provider • Attendance record, therapist logs and/or chart detailing service provided • Documentation in compliance with 460 IAC 6 	•
Recreational Therapy	<ul style="list-style-type: none"> • Documentation by appropriate assessment • Services outlined in Individual Support Plan • Appropriate credentials for service provider • Attendance record, therapist logs and/or chart detailing service provided • Documentation in compliance with 460 IAC 6 	•
Rent and Food for Unrelated Live-in Caregiver	<ul style="list-style-type: none"> • Identified in Individual Support Plan • Documentation of how amount of Rent and Food was determined • Receipt that funds were paid to individual • Documentation in compliance with 460 IAC 6 	•

Service	Documentation Required	460 IAC 6 Requirements
Residential Habilitation and Support (RHS)	<ul style="list-style-type: none"> • Services outlined in Individual Support Plan • BDDS approved provider • Data record of staff to client service documenting the complete date and time entry (including a.m. or p.m.) and the number of units of service delivered that day. • Each staff member who spends more than 30 consecutive minutes that day in direct supervision or care of the client, makes at least one entry for each unique encounter (if a staff member provides 8 hours of services, one entry needs to be made. If a staff member provides one hour of service in the morning and one hour in the evening, a unique entry would need to be made for each of those visits), describing an issue or circumstance concerning the client. Includes complete time and date of entry and at least the last name, first initial of the staff person making the entry. If the person providing the service is required to be a professional, the title of the individual must also be included. For example, if a nurse is required, the nurse's title should be documented. Any significant issues involving the client requiring intervention by a Health Care Professional, TCM or BDDS staff member that involved the client are also to be documented. • Documentation in compliance with 460 IAC 6 	<ul style="list-style-type: none"> •
Residential Living Allowance Management	<ul style="list-style-type: none"> • BDDS approved provider • Itemized list of expenditures, with receipts • Documentation in compliance with 460 IAC 6 	<p>A provider of residential living allowance and management services shall maintain the following documentation:</p> <ul style="list-style-type: none"> • Documentation that an individual's residential living allowance was deposited in the individual's personal account. • Receipts for all expenditures made from the individual's financial resources and food stamps, including receipts for rent, utilities, groceries, clothing, household goods, and other expenditures. • If applicable, an individual's ICLB.

Service	Documentation Required	460 IAC 6 Requirements
Respite	<ul style="list-style-type: none"> • BDDS approved provider • Identified in Individual Support Plan • Documentation must include the following elements: the reason for the respite, the location where the service was rendered and the type of respite rendered (i.e. respite HHA). • Data record of staff to client service documenting the complete date and time entry (including a.m. or p.m.) and the number of units of service delivered that day. • Each staff member who spends more than 30 minutes that day in direct supervision or care of the client, makes at least one entry on each day service, describing an issue or circumstance concerning the client. Includes time and date of entry and at least the last name, first initial of the staff person making the entry. If the person providing the service is required to be a professional, the title of the individual must also be included. For example, if a nurse is required, the nurse's title should be documented. Any significant issues involving the client requiring intervention by a Health Care Professional, TCM or BDDS staff member that involved the client are also to be documented. • Documentation in compliance with 460 IAC 6 	<ul style="list-style-type: none"> •
Specialized Medical Equipment and Supplies	<ul style="list-style-type: none"> • Identified need in Individual Support Plan • Identified direct medical benefit for the individual • Documented "Prior Authorization Denial" from Medicaid, if applicable • Receipts for purchases • Documentation in compliance with 460 IAC 6 	<p>A provider of specialized medical equipment and supplies supports shall maintain the following documentation regarding support provided to an individual:</p> <ul style="list-style-type: none"> • The installation date of any adaptive aid or device, assistive technology, or other equipment. • The maintenance date of any adaptive aid or device, assistive technology, or other equipment. • Any change made to any adaptive aid or device, assistive technology, or other equipment, including an alteration, correction, or replacement.

Service	Documentation Required	460 IAC 6 Requirements
Speech Therapy	<ul style="list-style-type: none"> • Documentation of an appropriate assessment • Services outlined in Individual Support Plan • Not-for-Profit status to contract with BDDS • BDDS approved provider • Appropriate credentials for service provider • Attendance record, therapist logs and/or chart detailing service provided • Documentation in compliance with 460 IAC 6 	•
Start-Up Costs	<ul style="list-style-type: none"> • Reflected in ICLB • Itemized list of purchases, with receipts to be kept on file with the provider • BDDS approved provider • Documentation in compliance with 460 IAC 6. 	•
Supported Employment Follow Along	<ul style="list-style-type: none"> • Referral from Vocational Rehabilitation • Identified in Individual Support Plan • BDDS approved provider • Not-for-Profit status • Data record of staff to client service documenting the complete date and time entry (including a.m. or p.m.) and the number of units of service delivered that day. • At least one entry on each day service is provided, indicating participation in activity • Documentation in compliance with 460 IAC 6 	•
Targeted Case Management	<ul style="list-style-type: none"> • Documentation in compliance with 460 IAC 6 	•

Service	Documentation Required	460 IAC 6 Requirements
Transportation Residential Services	<ul style="list-style-type: none"> Identified in Individual Support Plan Vehicle maintenance and liability insurance records for agency owned/operated vehicles For staff driving private vehicles, proof of insurance (record of carrier and policy number) Valid Indiana driver's license for staff. At least one entry per round trip, to include complete date, client name and destination or activity (number of miles driven for non-24 hour individuals as evidenced by odometer logs). Documentation in compliance with 460 IAC 6 	<ul style="list-style-type: none">
Transportation Title XX/SSBG (ALL transportation before 12/1/01) (BDDS Services ONLY)	<ul style="list-style-type: none"> Identified in Individual Support Plan Vehicle maintenance and liability insurance records for agency owned/operated vehicles For staff driving private vehicles, proof of insurance (record of carrier and policy number) Valid Indiana driver's license for staff. At least one entry per round trip, to include complete date, client name and destination or activity (number of miles driven for non-24 hour individuals as evidenced by odometer logs). Documentation in compliance with 460 IAC 6 	<ul style="list-style-type: none">

Notes:

- Documentation in compliance with 460 IAC 6 refers to rules promulgated for Provider and Case Management Standards.
- Information pertaining to specific file maintenance may be found at 460 IAC 6-17
- All documentation errors must be corrected utilizing the following universally accepted method: draw a line through the entry (in ink); do not obliterate the word; enter the correct information; initial and date the change.
Signatures are required to authenticate all documentation of services rendered While it is recommended that a full signature be used for EACH ENTRY, each individual entry must be signed, including at a minimum, the first initial and last name. If the first name and last initial is used a master signature file must be maintained. The file would contain a complete (first and last name) signature and the corresponding initial and last name to be used for documentation purposes. If a service requires a certain licensure level (HSPP for Level 1 Behavior Management, for example), that individual should include his or her title/credential in the signature.
- BDDS approval refers to approval by BDDS for the provider to provide the service. Provider should be able to present approval upon request.
- Not-for Profit status is required for some services in order to obtain a state contract with BDDS.
- The individual's Targeted Case Manager can not provide the documentation for the above listed services (except Targeted Case Management).**